

Minutes of the Infection Control Committee  
27th of February 2007, 10:05-11:00 a.m.

Present: Kathleen Daye, Anne Jerman, Steve Barden, Fran Levine, Eyvette Santamore Myra Perry, Jim Billado, Jenny Roggensack, Goldie Watson, Donna Delphia, Deb Bard

Reports:

Dr. Daye presented a review of the nosocomial infection data from the past two years. Some points were clarified for the members about the definition of "nosocomial" and the mandated reporting requirements for hospitals.

Dr. Daye explained the "dashboard" tracking of "failed kitchen inspections." Although there were three in during the past quarter, Anne Jerman has reported that the situation is now under control. Deb Bard was particularly concerned that a tray was left on the counter for later consumption and also that no call had been made when the refrigerator temperature was too high. The committee recommended that the instructions about calling be written in large red letters on the refrigerator temperature tracking form. Dr. Daye suggested that a food safety inservice might be developed and put on the Angels system and that we could discuss this next month with Tommie Murray. Deb recommended and the committee agreed that no Brillo pads or other stainless steel scrubs would be used in our kitchens. They will be removed from the list.

Dr. Daye reported that the Infection Control Manual is currently being edited by Tommie Murray. Dr. Daye completed her revisions in July 06, and it was signed by her and Dr. Simpatico before it was given to Terry Rowe, who gave it to Anne Jerman, who gave it to Tommie Murray. Dr. Daye will be meeting with Tommie Murray about the manual on March 13 after Tommie returns from vacation.

Old Business:

Training: Diane Bogdan sent a report about the training that she had hoped to hold in November. She made multiple attempts to get the health department to come here to do the training, but was unsuccessful.

Goldie Watson reported that infection control topics had been included with other trainings we had done, and they had covered hand hygiene, masks and other supplies, as well as emergency equipment.

We now have two infection control mandatory in-services on the Angel system, Bloodborne Pathogens and Hand Hygiene. Diane Bogdan reported to Dr. Daye that the BBP course does not include the information that Hep B and C live in dried blood, which could be found on razors and other instruments, posing a risk to front line workers. Dr. Daye will review the course with Diane and then Diane will submit their recommendations for changes.

Committee members reported numerous difficulties accessing Angel and completing the HIPPA and other trainings.

Air quality: Jim Billado said that he had received the full report and that the air quality on Brooks 2 indoors was better than that outside and so there was no air quality problem. Steve Barden has requested that the full report be made available to himself and staff, but has not been given the full report.

Pandemic planning: Dr. Daye received a report from Tommie Murray, that Larry Crist at VDH had canceled several meetings and there has been no planning for the role of Vermont State Hospital in a future pandemic. Dr. Daye and the Infection Control Committee have been asked by VSH administration not to work on any planning for infection control emergencies, because this is to be done by Larry Chris at VDH.

Seasonal flu clinics: last fall, the VSH pharmacy ordered 180 doses. 25 patients and 104 staff were vaccinated at VSH. All the vaccine was used, as the 10 dose vials have an expiration time of one month after they are opened. Vaccinating 25 patients was a new high for VSH and a significant achievement. A number of VSH staff elected to receive vaccinations through VDH last year, because of uncertainty of the VSH plans. This fall, VSH will plan to do its own clinic for staff. The pharmacist is again ordering 180 doses.

New Business:

Treatment Room Cleanliness

Dr. Daye requested input from the committee members on expectations for cleaning the treatment room. Anne Jerman recommended that nurses do an overall cleaning during the day shift and during the evening shift. Steve Barden recommended that this would be done best later in the shift, after the scheduled treatments are all completed. This would consist of cleaning all surfaces (desks, countertops, sinks, exam tables, chairs, doorknobs, phones, etc.) using Quat 64 as a spray or wipe and leaving it on for at least 10 minutes. The Quat 64 may be kept in the treatment room in an appropriate place, at the discretion of the nurse coordinator.

No food or drink is to be brought into or consumed in the treatment room, except under the most exceptional circumstances, e.g. a patient with hypoglycemia.

Alcohol wipes are to be used to clean off the finger holder on the pulse oximeter and the head of the stethoscope after each patient contact.

Sleeves for the armrest are to be replaced after each use. Myra Perry will obtain disposable sleeves. Myra Perry will find out recommendations for cleaning let a pressure cuffs after each use from the supplier.

Lab coats: Myra Perry will obtain some extra large lab coats as there is a deficiency of that size. The housekeepers said that they had never stopped and were still planning to re-supply lab coats whenever called by the unit nurses. Nurses, however, had begun washing the lab coats on the units, because they were afraid they would get lost in the

laundry. The committee recommends that. He returned to the system of having lab coats washed through housekeeping.

It was not determined whether a nurse could save a lab coat to be worn the next day or whether it would have to be put in the laundry at the end of her shift, even if not visibly soiled. It was noted that it was not required to wear a lab coat for blood draws. Dr. Daye favored putting lab coats into the laundry at the end of the day, so that all the lab coats in the treatment room would be known to be freshly laundered and not used at all, for the incoming staff. Committee members did not know the "standard of care" in this area. Dr. Daye will consult with Tommie Murray and report back at the next meeting.

Dr. Daye proposed having a laundry hamper in the treatment rooms on B1 and B2, to encourage use and changing of sheets, towels, johnnie's, and cloth covers for pillows and wedges. Others felt the treatment rooms were too crowded. Dr. Daye suggested replacing one of three trash cans with a small laundry hamper, but there was no support for this among the committee members.

Next meeting: March 27, 2007 at 10 a.m. in administrative conference room.

Minutes by Kathleen Daye, M.D.